

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT

10522385

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1			1		
3	2			1		
4	2			1		
5	2			1		
6	2			1		
7	2			1		
8	2			1		
9	2			1		
10	2			1		
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50						
TOTAL IND.			1			
TOTAL DEP.			9			
TOTAL CLAIMS			10			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						